

APPLICATION FOR WITHDRAWAL

Please read instructions carefully before completing the application.

PART ONE: To be completed by member. Please print.

1. Name _____
FIRST MIDDLE INITIAL LAST

2. Mailing Address _____
STREET APT. NO.

CITY STATE ZIP CODE

3. Daytime Telephone No. _____
AREA CODE

4. Date of Birth _____
MONTH DAY YEAR

5. I am a member of (*check one only*):

- ☐ Public Employees' Retirement System
☐ Teachers' Pension and Annuity Fund
☐ Police and Firemen's Retirement System
☐ State Police Retirement System

6. Member No. _____

7. Social Security No. _____

8. Employer _____

9. Please indicate the reason and date you terminated employment ☐ Resigned ☐ Dismissed

Date: _____
MONTH, DAY, YEAR

10. ☐ I AM, or ☐ AM NOT receiving periodic benefits under a claim filed for Workers' Compensation based on an injury incurred as a result of service performed in public employment.

☐ I DO, or ☐ DO NOT have a Workers' Compensation claim or litigation pending.

11. Members having 10 or more years of membership credit or who are within 2 years of normal retirement age must waive any monthly retirement benefits by completing the waiver below. ***This item must be completed before your application can be processed.*** If you do not complete the waiver, you will receive an estimate of the retirement and group life insurance benefits for which you would be eligible and a benefit waiver form which must be completed and returned before we can process your withdrawal. ***Any member who is at least age 60 (for PERS and TPAF) or at least age 55 (for PFRS and SPRS) will automatically receive an estimate of retirement benefits and waiver form to complete.***

☐ Although I am eligible for retirement, I elect to withdraw my pension contributions and hereby waive my right to receive a lifetime monthly allowance and group life insurance at retirement in favor of receiving a refund of my pension contributions now. _____

(You must sign here)

PLEASE COMPLETE SIDE 2 —

DETACH HERE BEFORE MAILING

Member's Name _____ Member No. _____

PART TWO: To be completed by member. Please print.

Please carefully read the following section and indicate your choice by checking one of the boxes below (this selection is irrevocable once made). For an explanation of these selections read the instructions for Part Two in *Completing the Withdrawal Application*. If Part Two is not completed or is completed incorrectly, the Division of Pensions and Benefits will automatically withhold 20% federal income tax. Call the Automated Information System at (609) 777-1777 to hear your approximate taxable amount and other information concerning withdrawal.

IMPORTANT: YOUR SELECTION IS IRREVOCABLE.

Rollover is only available if the taxable portion of your payment is \$200 or more.

1. ☐ **Withhold 20% federal income tax** on the taxable portion of my payment.

2. ☐ **Roll over the entire payment including any after tax contributions to:**
Print the name of the financial institution or employer plan _____
 This is an: ☐ IRA ☐ Employer Plan

3. ☐ **Roll over the entire taxable portion of my payment to:**
Print the name of the financial institution or employer plan _____
 This is an: ☐ IRA ☐ Employer Plan

4. ☐ **Roll over \$_____ (dollar amount) of the taxable portion of my payment to:**
Print the name of the financial institution or employer plan _____
 This is an: ☐ IRA ☐ Employer Plan

5. ☐ **Roll over the entire taxable portion and \$_____ (dollar amount) of the non-taxable portion of my payment to:**
Print the name of the financial institution or employer plan _____
 This is an: ☐ IRA ☐ Employer Plan

PART 3: I have read both the letter and fact sheet sent with this form. I understand that the Division of Pensions and Benefits will act upon my choice in Part Two. I understand my selection in Part Two cannot be changed.

Signature_____
Date

State of New Jersey — Department of the Treasury
Division of Pensions and Benefits, PO Box 295, Trenton, NJ 08625-0295 — (609) 292-7524

EMPLOYER'S CERTIFICATION FOR WITHDRAWAL

THIS FORM MUST BE COMPLETED BY FORMER EMPLOYER

1. Name of Member _____

2. Membership No. _____ 3. Social Security No. _____

This certification will be used to calculate the payment due to the member.

DO NOT COMPLETE THIS FORM UNTIL THE LAST DEDUCTION FROM SALARY HAS BEEN MADE.

I certify that _____
NAME OF FORMER EMPLOYEE

☐ resigned
☐ was dismissed (no appeal pending)
☐ was dismissed (appeal pending)

from this organization on _____. The last pension deduction was made _____.
DATE BIWEEKLY PAY PERIOD / YEAR OR MONTH/ YEAR*

**State employers must enter the number of the pay period and the year of the last pension deduction. All other employers must enter the month and year of the last pension deduction and be sure to submit that deduction for the entire month.*

The employee ☐ IS, or ☐ IS NOT receiving periodic benefits under a claim filed for Workers' Compensation based on an injury incurred as a result of service performed in public employment and ☐ DOES, or ☐ DOES NOT have a Workers' Compensation claim or litigation pending.

CERTIFICATION OF SALARY DEDUCTIONS ONLY TO BE COMPLETED FOR ANY UNPOSTED PENSION CONTRIBUTIONS

I certify that the following deductions have been made from the employee's salary during the last two quarterly periods ending with the current quarter. State biweekly reporting agencies must attach a completed Supplemental Biweekly Certification of Employing Agency or a screen print of the Centralized Payroll History screen in lieu of completing this item.

QUARTER ENDING	BASE SALARY SUBJECT TO CONTRIBUTIONS THIS QUARTER	FULL RATE (%)	PENSION CONTRIBUTION	LOAN REPAYMENT	BACK DEDUCTIONS	ARREARS AND/OR PURCHASES	TOTAL PENSION CONTRIBUTIONS	SACT YES OR NO
	\$		\$	\$	\$	\$	\$	
	\$		\$	\$	\$	\$	\$	

Signature of
Certifying Officer _____ Date _____

Employing Agency _____ Telephone Number _____

(INCLUDE AREA CODE)

INSTRUCTIONS FOR COMPLETING THE EMPLOYER'S CERTIFICATION

This certification must be completed by the employer when a member files an application for withdrawal of pension contributions. Failure to provide this information will delay processing of the member's application for withdrawal. If you need assistance in completing this certification, call the Division of Pensions and Benefits' Office of Client Services at (609) 292-7524 weekdays between 9:00 a.m. and 4 p.m. (except State holidays).

ITEMS REQUIRING SPECIAL ATTENTION

REASON FOR LEAVING

You must indicate the member's reason for leaving. Place an (X) the box next to "resigned," or if the member was dismissed, you must also indicate with an (X) if the dismissal has an appeal pending or no appeal pending. This information is required before processing the withdrawal application.

TERMINATION DATE

A member must terminate employment **before** this certification can be submitted to the Division of Pensions and Benefits. Include the date of termination and the date of the last pension deduction. **State biweekly reporting agencies must enter the number and year of the last pay period of the last pension deduction. All other employers must enter the month and year of the last pension deduction.**

WORKER'S COMPENSATION

Please indicate if the member was receiving periodic benefits under a claim filed for Worker's Compensation. Place an (X) in the block to indicate if the member IS or IS NOT receiving these benefits. You must also indicate with an (X) if the member DOES or DOES NOT have a Worker's Compensation claim or litigation pending. This information is required before processing the withdrawal application.

SALARY DEDUCTIONS

Indicate the following: (1) quarter ending, (2) amount of monthly base salary subject to contributions, (3) full rate of contribution, (4) the dollar amount of the deduction, (5) loan repayment amount (if any), (6) back deductions, (7) arrears or purchase deductions, (8) the total pension contributions (include all deductions for the quarter), and (9) answer "yes" or "no" to whether the member contributed to the Supplemental Annuity Collective Trust (SACT).

**SUBMIT THIS CERTIFICATION TO: WITHDRAWAL SECTION
DIVISION OF PENSIONS AND BENEFITS
PO BOX 295
TRENTON NJ 08625-0295**